

Mortgage Insurance Services Application for MI (9/10/08)

## SUBMIT ENTIRE UNDERWRITING FILE TO: CaIHFA MORTGAGE INSURANCE SERVICES 1121 'L' STREET • 7<sup>th</sup> FLOOR • SACRAMENTO • CA • 95814 PHONE (916) 322-8936 • FAX (916) 322-8697

## APPLICATION FOR MORTGAGE INSURANCE Please Complete ALL Sections of this Form

LENDER NAME		BORROWER NAME(s):
City UNDERWRITER NAME	State Zip	PROPERTY ADDRESS:
PHONE NUMBER ()_		PROPERTY ADDRESS.
FAX NUMBER ()_		
EMAIL ADDRESS		City Zip
Lender 1 <sup>ST</sup> Loan # Lender 2 <sup>nd</sup> Loan #		
CalHFA Manifest #	LTV/CI	_TV/ Gifts \$
1 <sup>st</sup> Loan Amount \$		Conforming   Non Conforming
Down Payment / Closing Cost Assistance		
□ CHDAP \$ □ CHAP \$ □ HICAP \$ □ ETCP \$ □ HIRAP \$		
□ SFF \$ □ AHPP \$ Source		
U SFF \$ U ARFF \$ Source		
Check Applicable Loan Program		
□ CalHFA 30 Year Fixed □ CalHFA 40 Year Fixed □ CalHFA interest only PLUS □ (5 Yr. Interest Only / 35 Yr. Term)  Rate%  (For interest rate refer to LAS: Mortgage Submission Voucher)		
LEGAL STATEMENT  Lender acknowledges that this application and documents submitted to the CalHFA Mortgage Insurance Services Division relative to the loan identified above are submitted for the purpose of inducing the CalHFA Mortgage Insurance Services Division to issue a commitment and certificate insuring this loan. Lender represents and/or warrants the correctness and completeness of all statements and information contained in such documents and agrees and acknowledges that if a commitment and certificate is issued by the CalHFA Mortgage Insurance Services Division for this loan, such commitment and certificate will be issued in reliance upon such representations and warranties.		
Signature of lender's authorized representative:		
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Signature	Date	elephone Number
Print name		() Fax Number
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(For additional copies of this form, go to www.calhfa.ca.gov)